

<b>Symptom Record</b>			
<b>Child's Name:</b>			
<b>Date:</b>		<b>Symptom:</b>	
<b>When symptom began, how long it lasted, how severe, how often?</b>			
<b>Any change in child's behavior?</b>			
<b>Child's temperature:</b>		<b>Time taken:</b>	
Check one: <input type="checkbox"/> auxiliary (armpit) <input type="checkbox"/> oral <input type="checkbox"/> rectal <input type="checkbox"/> ear canal			
<b>How much and what type of food and fluid did the child take in the past 12 hours?</b>			
<b>How much and how typical/normal was urine and bowel movement, in the past 12 hours?</b>			
<b>Check or write in other</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> runny nose</div> <div style="width: 50%;"><input type="checkbox"/> stiff neck</div> <div style="width: 50%;"><input type="checkbox"/> earache</div> <div style="width: 50%;"><input type="checkbox"/> diarrhea</div> <div style="width: 50%;"><input type="checkbox"/> trouble breathing</div> <div style="width: 50%;"><input type="checkbox"/> trouble sleeping</div> <div style="width: 50%;"><input type="checkbox"/> vomiting</div> <div style="width: 50%;"><input type="checkbox"/> pain</div> <div style="width: 50%;"><input type="checkbox"/> itching</div> <div style="width: 50%;"><input type="checkbox"/> cough</div> <div style="width: 50%;"><input type="checkbox"/> trouble urinating</div> <div style="width: 50%;"><input type="checkbox"/> stomachache</div> <div style="width: 50%;"><input type="checkbox"/> sore throat</div> <div style="width: 50%;"><input type="checkbox"/> rash</div> <div style="width: 50%;"><input type="checkbox"/> headache</div> <div style="width: 50%;"><input type="checkbox"/> wheezing</div> </div>			
<b>Other symptoms:</b>			
<b>Exposure to medications, animals, insects, soaps, new foods:</b>			
<b>Exposure to other people who were sick; who and what sickness:</b>			
<b>Child's other problems that might affect this illness (asthma, anemia, diabetes, allergy, emotional trauma):</b>			
<b>What has been done so far?</b>			
<b>Health provider's advice for this illness:</b>			
<b>Name of person completing this form:</b>			
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p><u>Purpose:</u> Data is collected to effectively manage and operate a day care facility. Information relating to religious preference or religious activity is collected and maintained only for cultural and social enrichment activities.</p> <p><u>Authority:</u> Authority for maintenance of the system: 5 U.S.C. 301, Agency powers, departmental regulations; 5 U.S.C. 302, Agency powers, delegation of authority; 10 U.S. C. 133, Organization and powers, Under Secretary of Defense for Acquisition and Technology; 10 U.S.C. 2809 and 2812, Military construction of child care facilities; 42 U.S.C. Chap. 127, Coordinated services for children, youth and families; 40 U.S.C. 490B, Child care services for Federal employees; 42 U.S.C. Chap. 67, Child abuse program; Pub. L. 101-189, Title XV, Military Child Care Act of 1989; E.O. 9397, SSN; and DoD Instruction 6060.2, Child Development Programs.</p> <p><u>Routine Uses:</u> These records may be disclosed outside DoD to physicians, dentists, medical technicians, hospitals, or health care providers in the course of obtaining emergency medical attention; and to Federal, State, and local officials involved with the child care or health services, including child abuse. In addition, the data may be disclosed for any of the "Blanket Routine Uses" published by DLA. A List will be provided upon request.</p> <p><u>DISCLOSURE IS VOLUNTARY.</u> Providing the data is voluntary. However, failure to provide answers to all or part of questions may result in refusal of day care services. DLA PRIVACY ACT SYSTEM NOTICE 400.20 (Day Care Facility Registrant and Application Record(s) applies.</p>			